

BILL PURCELL  
MAYOR



## Metropolitan Government of Nashville and Davidson County

METROPOLITAN GENERAL SESSIONS COURT  
SAFETY CENTER  
MARGARET L. REYNOLDS, Ed. D

430 THIRD AVENUE NORTH  
NASHVILLE, TN 37201  
(615) 862-8355

### RELEASE OF INFORMATION AUTHORIZATION

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I hereby authorize the release of the following specific information (check all items):

- \_\_\_\_\_ Medical evaluation and treatment.
- \_\_\_\_\_ Psychiatric evaluation and treatment.
- \_\_\_\_\_ Social work reports.
- \_\_\_\_\_ Psychological evaluation and treatment.
- \_\_\_\_\_ Previous Mental health treatment summary.
- \_\_\_\_\_ Periodic reports of current treatment progress including attendance and participation.
- \_\_\_\_\_ Other (Specify): \_\_\_\_\_

from / to: \_\_\_\_\_ from/to: \_\_\_\_\_

Address: \_\_\_\_\_

I understand that this information will be used for the following specific purpose (check all items):

1. \_\_\_\_\_ To coordinate a diagnosis, treatment and rehabilitation plan for treatment.
2. \_\_\_\_\_ To coordinate psychiatric, medical, psychological and social rehabilitation processes.
3. \_\_\_\_\_ Verification of hospitalization.
4. \_\_\_\_\_ Specify: \_\_\_\_\_

I understand that no information may be re-disclosed by either agency to any other individual or agency unless by my written permission.

**\*\*This information has been disclosed to you from records whose confidentiality is protected by federal law. (42CFR, Part 2) Federal regulations prohibit you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.**

This authorization may be revoked at any time by my written statement and is automatically revoked at the end of the 12 months or the completion of the Safety Center program. This consent for release of information is given freely, voluntarily, without coercion.

\_\_\_\_\_  
Signature of Client (Parent or Legal Guardian if Minor, State Relationship)      Date:

\_\_\_\_\_  
Signature of Witness      Date: